Applications for permission for clinical trials, Bio-equivalence studies and marketing of new drugs are examined by the New Drug Division in the office of DCG (I). The requirement for granting such approval are specified in Rules 122A, 122B, 122C, 122D and 122E and Schedule Y of Drugs and Cosmetics Rules. The evaluation of new drug/clinical trial is a complex process and varies according to the nature of molecule drug, published data and information furnished by applicants. Therefore, depending upon the nature of the application, it may take on an average more than 5 years for approval of investigation New Drug *(i.e.* a drug molecule not tested on human being anywhere in the world) about 1—3 years for the first time approval of the drug already approved elsewhere but requiring confirmatory clinical trial and about 2-3 months for subsequent applications for already approved drugs. This is, however, subject to submission of all required data as per provisions of Schedule Y of Drug and Cosmetics Rules. Certain critical drugs *e.g.* anti-cancer, anti-HIV etc. which are important from the point of view of public health are also cleared on a fast track basis. Permissions are granted after taking into account the technical requirements and not on discretion.

(d) The question of investigation by CB1 does not arise.

Training for traditional birth attendants

3492. MISS MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a programme for training of traditional birth attendants has been launched in 142 districts in the country;

(b) the financial allocation for training of these *Daaees* in the year 2001-2002;

(c) whether Government are giving any honorarium to these *Daaees* for conducting safe delivery in the villages;

(d) whether there is any plan to give upgraded training to these *Daaees;* and

(e) if so, the names of 142 districts which have been selected for the programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A . RAJA): (a) During 2000-01, a scheme for training of traditional birth attendants was launched in 142 districts of the country, in which safe delivery rates were found to be less than 30 per cent. 14 more districts have been added during 2001-02.

(b) Rs. 521.42 lakhs were allocated to the States during 2000-2001 and a further sum of Rs. 68.91 lakhs was released during 2001-2002.

(c) No honorarium is given to Daaees for conducting safe deliveries in the villages. However, honorarium is paid to them for participating in the training during the period of training.

(d) The training is conducted at PHC/CHC/PPC where adequate number of deliveries are taking place. Training is of 10 days duration and conducted in 2 phases. During first phase of 6 days, Daaees are trained for skills of carrying out safe deliveries and are also taken to the nearest referral centre for 1 day. The second phase of four days is conducted after about 8 weeks of first phase. During second phase the focus is on identifying and solving problems faced by Daaees during the interval between the two phases.

(e) List of 156 districts where the Daaee training scheme is under implementation is enclosed.

Statement

(i) *Districts selected for Daaee Training during 2000-2001*

SL No.	Name of the State	No. of Districts	Name of the Districts
1.	Assam	11	Lakhimpur, Marigaon, Karbi Anglong, Bongoigaon, Dhemaji, Karimganj, Sonitpur, North Kachar Hills, Goalpara, Dhubri, Naogaon
2	Arunachal Pradesh	9	Dibang Valley, Tirap, East Siang, Papumpara, West Kameng, Upper Subansiri, Upper Siang, East Kameng, Towang
3	Bihar	23	Samastipur, Buxar, Begusarai, Nawada, Pumea, Aurangabad, Mongheyr, Gopalganj, Saharsa, Siwan, Vaishali, Bhagalpur, Khargaria, Gaya, West Champaran, Darbhanga, East Champaran, Sitamari, Madhepura, Araria, Madhubani, Katihar, Kishanganj

SI. No.	Name of the State	No. of Districts	Name of the Districts
4.	Jharkhand	9	Ranchi, Girdih, West Singbhum, Gumla, Deoghar, Lohardagga, Dumka, Palamau, Godda
5.	Gujarat	1	Dangs
6.	J&K	2	Udhampur, Rajouri
7.	Madhya Pradesh	18	Tikamgarh, Balaghat, Raisin, Damon, Narsimhapur, Vidisha, Chhatarpur, Jhabua, Rewa, Bhind, Mandia, Satana, Pannaj Sidhi
8.	Chhattisgarh	4	Rajnandgaon, Bastar, Raigarh, Bilaspur
9.	Manipur	3	Ukhrul.Taminglong, Imphal
10.	Meghalaya	3	West Garo Hills, East Garo Hills, South Garo Hills
11.	Mizoram	1	Chhimtuipui
12.	Nagaland	3	Mon, Pheck, Tuensang
13.	Orissa	14	Raigada, Deogarh, Keonjhar, Mayurbhanj, Balasore, Gajapati, Kalahandi, Angul, Boudh, Nawapada, Phulbani, Koraput, Nowrangpur, Malkangiri
14.	Rajasthan ^	6	Jalour, Alwar, Hanumangarh, Chum, Barmer, Jaisalmer
15.	Sikkim	2	West Sikkim, North Sikkim
16.	Uttar Pradesh	33	Hardoi, Partapgarh, Rai Bareilly, Ghaziabad, Sitapur, Son Bhadra, Mahoba, Mirzapur, Deoria, Fatehpur, Gorakhpur, Bhadohi, Firozabad, Basti, Banda, Lalitpur, Farrukhabad, Hathras, Unnao, Ambedkar Nagar, Pilibhit, Badaun, Hamirpur, Barabanki, Kanpur (Dehat), Ettawah, Shahjehanpur, Mainpuri, Gonda, Saddharthnagar, Kheri, Maharanjganj, Baharaich
17.	West Bengal	3	Malda, West Dinajpur, Uttar Dinajpur

(ii) *New Districts included for Daaee training during 2001-02*

SI. No.	Name of the State	No. of Districts	Name of the Districts
1.	Andamaan & Nicobar	1	Nicobar
2.	J&K	8	Budgam, Anantnag, Kupwara, Pulwana, Leh, Kargil, Doda, Baramulla
3.	West Bengal	5	Cooch Behar, Purulia, Jalpaiguri, Murshidabad, Burdawan

Efficiency of laboratories to test bacteria, etc.

3493. SHRI ABANI ROY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the various loboratories set up by Government to test bacteria, etc. are ill-equipped to produce quick and accurate analysis;

(b) if so, the facts and the details thereof;

(c) whether such labs are functioning below the international specifications and are unable to give correct and prompt results; and

(d) if so, the steps Government propose to take in this regard?

THE MINISTER OF STATE INTHE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) No, Sir.

(b) Does not arise.

(c) No, Sir.

(d) Does not arise.

Awareness projects on PNDT Act by NGOs

3494. DR. DASARINARAYANA RAO : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

. (a) whether NGOs have come forward to take up projects for generating awareness about the provisions of Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 to contain declining sex ratio in the country;

(b) if so, the details thereof; and

(c) the steps Government propose to take to encourage NGOs and general public forgiving information or filing complaints of violation of PNDT Act?